



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
OFFICIAL VISITOR REGISTRATION

PLEASE PRINT - ATTACH STATEMENTS OF EXPLANATION AS NEEDED. ALLOW 15 BUSINESS DAYS FOR PROCESSING.
For Implementation of COR 305 and COR 306 of the NH Code of Administrative Rules.

REQUIRED PERSONAL INFORMATION
STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> _____	LEGAL NAME: First Name MI Last Name Suffix	Title
		House of Worship, Law Office, Social Services or Government Agency represented; include Office Address, Phone Number	
NOTICE: All Persons Must Surrender a valid government-issued Photographic ID when entering any state correctional facility. Indicate the expected document you will surrender.		<input type="checkbox"/> Driver License <input type="checkbox"/> Agency-issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Specify Other: _____	Photo ID Identifier Number
		ID Issuing Authority or Jurisdiction	
Emergency Contact Information: Name		Relationship	Contact Phone

**** ANSWER EACH QUESTION. PROVIDE COMPLETE DETAILS & NAMES FOR AFFIRMATIVE ANSWERS BELOW OR ON ATTACHED PAGES AS NEEDED ****

EVER CONVICTED OF <u>ANY</u> CRIME?	<input type="checkbox"/> NO, <input type="checkbox"/> YES
ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY?	<input type="checkbox"/> NO, <input type="checkbox"/> YES
BEEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS?	<input type="checkbox"/> NO, <input type="checkbox"/> YES
ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	<input type="checkbox"/> NO, <input type="checkbox"/> YES
ANY FAMILY MEMBER AN INMATE WITH THE NH DOC?	<input type="checkbox"/> NO, <input type="checkbox"/> YES, WHO
ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC?	<input type="checkbox"/> NO, <input type="checkbox"/> YES, WHO
DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST?	<input type="checkbox"/> NO, <input type="checkbox"/> YES, WHO
CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE?	<input type="checkbox"/> NO, <input type="checkbox"/> YES, WHO

All Persons intending to be on any property of or in contact with an Offender under the supervision of the NH DOC are subject to Criminal History Records Review

To verify your identity, maintain criminal offender management standards and assure public safety, furnish all information requested below:

Are You a US Citizen? ____ Yes ____ No	Driver License
If Yes, provide Social Security # _____	# _____
If No, provide Alien Registration # _____	State of Issue
Provide Passport # _____	Date of Birth
Place of Birth	
Any Other Name(s) Ever Known by:	

ALL PERSONS AND VEHICLES ARE SUBJECT TO SEARCH WITHOUT PRIOR WARNING AT NH DEPARTMENT OF CORRECTIONS FACILITIES {RSA 622: 24, 25}

I do hereby certify that all information I have provided the department is accurate and complete. I agree to abide by all applicable New Hampshire laws, and New Hampshire Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the New Hampshire Department of Corrections, whether said records are of a public, private or confidential nature. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information. I understand such review is required before I am allowed to enter NH DOC facilities and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of official visitor status. This authority shall continue for one year from date signed unless revoked by me in writing. A photocopy or facsimile of this release form will be valid as an original, even though said copy does not contain an original signature. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony offenders. I will inform the NH DOC of any changes to the information furnished on this form, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. **This form is signed under penalty of unsworn falsification pursuant to NH RSA 641:3.**

**PERSONAL
SIGNATURE**

DATE: _____

Subscribed and sworn to before me, in my presence, this _____ day of _____, 20_____.

My commission expires _____, _____.

Notary Public

(Signature)

Print Your Name _____																
PURPOSE & DATES OF NH DOC CONTACT	WHAT NH DOC FACILITIES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">State Prisons & Institutions</th> <th style="width: 50%; text-align: center;">Community Corrections Centers & Field Services</th> </tr> <tr> <td><input type="checkbox"/> NH State Prison for Men (Concord)</td> <td><input type="checkbox"/> Calumet House (Manchester)</td> </tr> <tr> <td><input type="checkbox"/> NH State Prison for Women (Goffstown)</td> <td><input type="checkbox"/> North End House & MSU (Concord)</td> </tr> <tr> <td><input type="checkbox"/> Lakes Region Facility (Laconia)</td> <td><input type="checkbox"/> Shea Farm & MSU (Concord)</td> </tr> <tr> <td><input type="checkbox"/> Northern NH Correctional Facility (Berlin)</td> <td><input type="checkbox"/> Probation-Parole District Office:</td> </tr> <tr> <td><input type="checkbox"/> Secure Psychiatric Unit (Concord)</td> <td>Office Locations:</td> </tr> <tr> <td><input type="checkbox"/> Central Office/HQ (Concord)</td> <td>Other: _____</td> </tr> </table>		State Prisons & Institutions	Community Corrections Centers & Field Services	<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet House (Manchester)	<input type="checkbox"/> NH State Prison for Women (Goffstown)	<input type="checkbox"/> North End House & MSU (Concord)	<input type="checkbox"/> Lakes Region Facility (Laconia)	<input type="checkbox"/> Shea Farm & MSU (Concord)	<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Probation-Parole District Office:	<input type="checkbox"/> Secure Psychiatric Unit (Concord)	Office Locations:	<input type="checkbox"/> Central Office/HQ (Concord)	Other: _____
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OPTIONAL Personal Contact Information			
Mailing Address _____	Town _____	State _____	Zip Code+4 _____
Telephone Home # _____	Work # _____	Work Ext. # _____	Cell or mobile # _____
Email address _____			
List any other address used in the last 5 years _____			

Complete Page 1 & above. Only complete the following section related to your Official Visitation purpose

<input type="checkbox"/> ATTORNEY AT LAW	
Please verify current membership the New Hampshire Bar Association	
Certification as Legal Representative for following Inmate (s) print Name(s), ID #, Housing _____	
Expected duration of legal representation _____	Affirmation _____

<input type="checkbox"/> CLERGY OR OFFICIAL RELIGIOUS DELEGATE
SPIRITUAL CARE VISITATION is limited to the VISITING ROOM ONLY for individual inmate contact during established visitation schedule at state prisons, institutions or correctional centers. Clergy Applicant, or designated representative of a faith community, must <u>attach a letter from affiliated ecclesiastic authority</u> specifying an endorsement of religious qualification, preparation, experience and competence for spiritual care and counseling of criminal offender(s) incarcerated within the NH state prison system. Any inmate group religious study, corporate worship, or other temporal activity with offenders must be conducted as an authorized Volunteer, though a person may not be designated as both an official visitor and an authorized volunteer without compelling justification. Separate clearance and orientation required for volunteer involvement.

<input type="checkbox"/> GOVERNMENT INTER-AGENCY OFFICIAL	
Any employee, or elected or appointed official, of the Federal, State of New Hampshire, or a local government unit, acting in their official capacity	
Jurisdiction or Agency Represented _____	
Administrator or Supervisor _____	Phone _____
Function or Purpose of Inmate Visitation _____	

<input type="checkbox"/> SOCIAL SERVICE ORGANIZATION REPRESENTATIVE	
Any employee or agent of a non-government community organization acting in their official capacity	
Name of Non-Profit Agency or Social Services Organization _____	
Head Administrator & Office Address _____	Office Phone _____
Agency Mission or Purpose _____	
Anticipated Benefit to Criminal Offenders _____	

The New Hampshire Department of Corrections shall grant **OFFICIAL VISITOR** authorization for a term not exceeding three (3) years.
 This authorization may be renewed upon satisfactory renewal application and credentialing.